

CLINICAL PRIVILEGES – ORTHOPAEDIC SURGEON

AUTHORITY: Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

PRINCIPAL PURPOSE: To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

ROUTINE USE: Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

DISCLOSURE IS VOLUNTARY: However, failure to provide information may result in the limitation or termination of clinical privileges.

INSTRUCTIONS

APPLICANT: In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect current capability and should not consider any known facility limitations. Sign and date the form. Forward the form to your Clinical Supervisor. *(Make all entries in ink.)*

CLINICAL SUPERVISOR: In Part II, using the facility master privileges list, enter Code 1, 2, 3, or 4 in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign and date the form. Forward the form to the Credentials Function. *(Make all entries in ink.)*

CODES: 1. Fully competent within defined scope of practice. *(Clinical oversight of some allied health providers is required as defined in AFI 44-119.)*
 2. Supervision required. *(Unlicensed/uncertified or lacks current relevant clinical experience.)*
 3. Not approved due to lack of facility support. *(Reference facility master privileges list.)*
 4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

CHANGES: Any change to a verified/approved privileges list must be made in accordance with AFI 44-119.

NAME OF APPLICANT (Last, First, Middle Initial)

NAME OF MEDICAL FACILITY

I. LIST OF CLINICAL PRIVILEGES – ORTHOPAEDIC SURGEON

Requested	Verified		Requested	Verified	
		A. OPERATIONS			A. OPERATIONS (continued)
		1. Amputations			24. Laminectomy, cervical
		2. Arthrocenteses			25. Manipulation of deformities of musculo-skeletal system
		3. Arthroscopies			26. Osteotomy
		a. Shoulder			27. Osteomyelitis and septic arthritis, drainage of
		b. Elbow			28. Prosthetic replacement of bones and joints as well as revision replacements
		c. Hip			29. Release and/or excision of muscles, tendons, fascia, ligaments, and nerves
		d. Knee			30. Scoliosis and kyphosis, surgical correction with or without posterior instrumentation
		e. Ankle			31. Scoliosis and lordosis, surgical correction with or without anterior instrumentation
		4. Arthrodeses			32. Tendon grafts with or without preliminary silastic tendon prosthesis
		5. Arthroplasties			33. Tendon repair, transfer, lengthening, or shortening
		a. Shoulder			34. Ligament repair and reconstruction – hand, knee, ankle, shoulder, or elbow
		b. Elbow			35. Nerve transplantation
		c. Hip			36. Nerve grafts
		d. Knee			37. Nerve repair
		e. Hand/wrist			38. Reimplantation of severed digits using microvascular technique
		6. Arthrotomies			39. Intercalary reconstruction of segmental skeletal defects
		7. Bone grafting procedures			40. Reconstruction of skeletal defects using synthetic or metal materials
		8. Excision of bursae, calcium deposits, soft tissue tumors of extremities			41. Bone and muscle transposition to restore function or form to extremities
		9. Excision of herniated nucleus pulposus			42. Cement privileges, i.e., methyl methacrylate without prosthetic use
		a. Open			43. Flaps, local and distant microvascular free
		b. Scope-assisted			44. Anesthesia, low and regional blocks
		10. Excision of bone tumors			45. Fractures using AO technique
		a. Benign			46. Application of external fixators
		b. Malignant			47. Pedicle screw fixation
		11. Treatment of fractures and dislocations, using skeletal traction			48. Scope-assisted surgery
		12. Fractures and dislocations, open and closed reduction of major injuries, including skeletal traction and external fixation			49. Conscious sedation
		13. Fusion of spine, anterior cervical			50. Chondral and osteochondral transplantation
		14. Fusion of spine, posterior cervical			51. Limb lengthening and shortening
		15. Fusion of spine, anterior lumbar			
		16. Fusion of spine, anterior thoracic			
		17. Fusion of spine, posterior lumbar			
		18. Fusion of spine, posterior thoracic			
		19. Grafts, split thickness skin			
		20. Grafts, full thickness and pedicle			
		21. Hip nailing			
		22. Laminectomy, lumbar			
		23. Laminectomy, thoracic			
					B. OTHER (Specify)
					1.

SIGNATURE OF APPLICANT

DATE

CLINICAL PRIVILEGES – ORTHOPAEDIC SURGEON *(Continued)*

II.

CLINICAL SUPERVISOR'S RECOMMENDATION

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RECOMMEND APPROVAL

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RECOMMEND APPROVAL WITH MODIFICATION

(Specify below)

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RECOMMEND DISAPPROVAL

(Specify below)

SIGNATURE OF CLINICAL SUPERVISOR (Include typed, printed, or stamped signature block)

DATE